



State of New Jersey

JON S. CORZINE
Governor

DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. Box 180
TRENTON, NJ 08625-0180

STUART RABNER
Attorney General

TONY ORLANDO
Chairman

STEVEN KATZ
DENNIS McDONOUGH
Members

LARRY HAZZARD, SR.
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS PROMOTERS

FROM: Larry Hazzard, Sr., Commissioner

RE: New Jersey Boxing/Kickboxing/Mixed Martial Arts Promoter License Application
RENEWAL: July 1, 2006 - June 30, 2007

Enclosed are the annual requirements for application as a licensed boxing/kickboxing/mixed martial arts promoter in the State of New Jersey.

To be licensed as a Boxing/Kickboxing/Mixed Martial Arts Promoter you must submit the following to this office:

1. Completed Promoter's Application (check or money order in the amount of \$300 payable to NJSACB)
2. Completed License Application
3. Completed Bond Form in the amount of \$10,000
4. Completed Matchmaker Application (check or money order in the amount of \$100 payable to NJ SACB)
5. Most Current Tax Return

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING
ISSUE OF YOUR LICENSE.

LICENSEES ARE REMINDED: You are subject to the Statutes under N.J.S.A. 5:2-1 et seq. and regulations found in Title 13, Chapter 46 of the New Jersey Administrative Code. Please contact this office if you do not have a copy of these requirements

If there are any questions regarding your application, please contact this office at (609) 292-0317.

LH:tg
Enclosure





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APPLICATION FOR A LICENSE/PERMIT TO PROMOTE

IF YOUR BUSINESS IS A CORPORATION, PLEASE ANSWER THIS SECTION:

1. Corporation Name: _____

State of Incorporation: _____ Year of Incorporation: _____ Federal ID#: _____

Principal Place of Business, Telephone Number and Fax Number:

Street City State Zip

Telephone: () _____ Fax: () _____ Other: () _____

2. Are you delinquent with any federal, state, or local taxes? ☐ YES ☐ NO If yes, please explain:

3. Are you delinquent with any other required corporate filings of any type? ☐ YES ☐ NO If yes, explain:

4. Corporate Bank:



5. Registered Agent Information:

Name: _____ Telephone: (____) _____

_____	_____	_____	_____
Street	City	State	Zip

6. Current name and address of all corporate officers:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

IF YOUR BUSINESS IS IN A NON-CORPORATE ENTITY, PLEASE ANSWER THIS SECTION
7. Trade Name: _____**Date Trade Name Filed:** _____**Principal Place of Business, Telephone Number and Fax Number:**

_____	_____	_____	_____
Street	City	State	Zip

Telephone: (____) _____ Fax: (____) _____ Other: (____) _____

8. Business Bank Accounts:

9. Names and addresses of owners or principals:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

10. Name(s) of Current Employees:

ALL ENTITIES:**11. Are you or have you ever applied for a license with the New Jersey Casino Control Commission? ☐ YES ☐ NO If so, provide complete details:**

12. Do you or have you ever held licenses with the New Jersey State Athletic Control Board? ☐ YES ☐ NO If so, list type:

13. Do you or have you ever held licenses with other States or Tribal Agencies? ☐ YES ☐ NO If so, list type:

14. State and fully explain if ever subject to investigation by any licensing agency:

15. Do any principals or owners have any criminal convictions? ☐ YES ☐ NO If so, please explain:

16. Provide name, address, height, weight, date of birth, social security number, alias and tatoos of principal owner of business for background check:

Name: _____ Date of Birth: _____

Address: _____

Street City State Zip

Social Security Number: _____ Height: _____ Weight: _____

Tatoos: _____

17. Detail background in the sport:

18. Do you have any financial interest in any combative sport contestant? ☐ YES ☐ NO
If so, who:

19. Do you have any type of financial interest in any other business entity or individual involved in the sport of boxing?

20. Any owners or principals filed any type of petition for bankruptcy in the last five years?

21. Is anyone in your organization related to, by blood or marriage to any combative sports contestant, sanctioning body member, referee or judge?

In addition, please submit the following:

- 1. Completed License Application**
- 2. Most recently filed federal and state tax returns with all schedules**
- 3. Completed Bond Form in the amount of \$10,000**
- 4. Designate Matchmaker and submit check or money order payable to NJSACB, if applicable**

Designated Matchmaker: _____

- 5. Applying as a Promoter or Co-Promoter attach check or money order payable to NJSACB**

I CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE AND I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE SACB, IN WRITING, IMMEDIATELY, IF ANY OF MY RESPONSES TO THE ABOVE QUESTIONS CHANGE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR THE FAILURE TO MAKE FULL DISCLOSURES MAY BE DEEMED SUFFICIENT REASON TO DENY A LICENSE OR TO WITHHOLD RENEWAL OF, OR SUSPEND OR REVOKE, A LICENSE IF ISSUED BY THE BOARD. THE UNDERSIGNED APPLICANT UNDERSTANDS THE BOARD OR COMMISSIONER MAY MAKE SUCH INQUIRY AND INVESTIGATION CONCERNING THE APPLICANT'S RECORD OR BACKGROUND AS THE BOARD OR COMMISSIONER, IN THEIR JUDGEMENT, DEEMS PROPER, AND SAID APPLICANT FURTHER AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE BOARD OR COMMISSIONER.

Date: _____

Print Name: _____

Signature: _____

****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!!******

**NEW JERSEY STATE ATHLETIC CONTROL BOARD
LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Fax: (609)292-3756

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u> <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	<u>MANAGER</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<u>SECOND</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____ _____
<u>REFEREE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>JUDGE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>PROMOTER</u> <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Mixed Martial Arts \$300	<u>MATCHMAKER</u> <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):
()

TELEPHONE (Business):
()

FAX#
()

E-MAIL ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

☐ MALE ☐ FEMALE

CITIZENSHIP:

PLACE OF BIRTH:

Have you ever been convicted of a crime? If yes, explain: ☐ YES ☐ NO

Are you presently on any suspension list? If yes, explain: ☐ YES ☐ NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? ☐ YES ☐ NO
If yes, explain:

Has any license you've held been revoked? If yes, please explain: ☐ YES ☐ NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: ☐ YES ☐ NO

Do you have any current medical conditions? If yes, please explain: ☐ YES ☐ NO

Do you have a manager? If yes, provide name, address & telephone number: ☐ YES ☐ NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: ☐ YES ☐ NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain ☐ YES ☐ NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:24-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____

SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

NEW JERSEY STATE ATHLETIC CONTROL BOARD BUSINESS HISTORY

1. Please provide name, date of birth and social security number:

2. During the last five-year period, have you ever had any license, permit, or certificate issued by a government agency in this State or any other jurisdiction denied, suspended or revoked? _____. If yes, state (i) the name and nature of the license or certificate denied, suspended or revoked (ii) the name and location of the government agency taking such action (iii) the date of each such action and (iv) the reasons for each such action.

3. Has any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law been filed by or against you in the last five-year period? _____. If yes, provide (i) the name and location of the court or agency where such petition was filed, (ii) the type of petition filed (iii) the date of the filing and (iv) the official name of the case.

4. Please list the last three jobs you have held and for each provide the following information: (i) dates of employment (ii) name, address and telephone number of employer (iii) positions and duties (iv) name of supervisor and (v) reason for leaving.

5. Please attach a copy of all Federal and State Tax Returns, with all appropriate schedules, for the last fiscal year.



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STATE ATHLETIC CONTROL BOARD
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Commissioner

Dear Promoter:

The purpose of this letter is to remind you that all professional boxing, kickboxing, mixed martial arts events or other combative sporting events regulated by the State Athletic Control Board are not subject to state luxury or sales taxes on tickets. The tickets are not subject to state luxury or sales taxes because you, as the promoter, are responsible for paying statutory ticket taxes to this agency.

If any party which you are contracting with has any concerns with regard to the above statement, please have them contact Denise Lambert of the New Jersey Division of Taxation at (609) 984-5114.

Thank you for your attention to this letter.

Sincerely,

Larry Hazzard, Sr.
Commissioner, SACB

LH/tg
c: SACB Counsel Nick Lembo
Denise Lambert, Taxation

053003 Promoter State Taxes.wpd





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PROFESSIONAL BOXING

<u>Gross Gate Receipts (\$)</u>	<u>JUDGE (Each)</u>	<u>REFEREE (Each)</u>	<u>TIMEKEEPER</u>
0 - 25,000	\$200.00	\$250.00	\$200.00
25,000 - 50,000	\$250.00	\$300.00	\$250.00
50,000 - 100,000	\$300.00	\$350.00	\$300.00
100,000 - 200,000	\$350.00	\$400.00	\$350.00
200,000 - 300,000	\$400.00	\$500.00	\$400.00

Excess of \$300,000 Gross Gate, Fees shall be set by Commissioner.

- NOTE:**
- 1) Fee for each Inspector is \$70.00
 - 2) Fee for Announcer is negotiated between Promoter and Announcer.

RINGSIDE PHYSICIANS: EACH physician assigned to a Boxing Weigh-In shall receive a fee of \$100.00. EACH physician assigned to ringside at a boxing show shall receive a fee of \$200.00. The Commissioner shall set compensation for physicians assigned to Championship boxing bouts.

**PAYMENTS TO OFFICIALS SHALL ONLY BE BY CHECK
ISSUED BY THE STATE ATHLETIC CONTROL BOARD**



**STATE OF NEW JERSEY
STATE ATHLETIC CONTROL BOARD**

OFFICIAL BOUT AGREEMENT

THIS AGREEMENT, made this _____ day of _____ by and between _____ of the city of _____ and state of _____ country _____ a promoter duly licensed by this agency (hereinafter **"Promoter"**) and,

_____ of the city of _____ and state of _____ country _____ a combative sport contestant (hereinafter **"Contestant"**)

and,

_____ a manager duly licensed by this agency (hereinafter **"Manager"**) under the laws of the State of New Jersey.

In consideration of the mutual covenants and agreements hereinafter contained, the parties hereto agree to and with each other as follows:

The Contestant will appear and enter into a contest of unarmed combat at the city of _____ New Jersey on the date of _____ or a date hereafter agreed upon, for _____ rounds with _____ as his or her opponent at a weight not over _____ pounds.

The Promoter will compensate the Contestant for the contest, and the Contestant agrees to accept in full of all claims and demands for his or her services in performance of this Agreement, the total amount of \$ _____.

The Contestant understands that by participating in this contest of unarmed combat, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Athletic Control Board (hereinafter "SACB") or the State of New Jersey as the result of any injury the Contestant may suffer as a result of Contestant's participation in this contest. **I have read and understand the above. Contestant's initials** _____

The contest shall be conducted in accordance with the laws of the State of New Jersey and in accordance with the statutes, rules, regulations and policies of the SACB which are hereby made part of this agreement.

It is understood and agreed that the rights and obligations of the parties hereto shall be governed by and construed in accordance with the laws of the State of New Jersey.

In this agreement, the words and terms used herein, shall have the meanings ascribed to them in the SACB's statutes and regulations.

Gloves, approved by the SACB, for said contest shall be supplied by the Promoter at a weight approved by the SACB Commissioner.

The Promoter shall compensate the Contestant the total amount listed above in the event the contest fails to materialize if Contestant gets licensed, passes medicals, makes weight, is cleared by the SACB to compete, and remains willing to compete under the terms of this agreement unless otherwise set forth in an attached agreement.

It is agreed that Promoter may request that the contract payment terms be renegotiated, if Contestant fails to weigh in accordance with SACB requirements, or if the SACB determines that Contestant has failed to meet the contracted weight. Unless Promoter and Contestant agree to the new terms, Contestant is not obligated to compete and Promoter is not obligated to pay the Contestant.

It is agreed that Promoter shall not be required to compensate Contestant, if Contestant fails to obtain the requisite license from the SACB, or if Contestant fails to gain clearance to compete from the SACB.

It is agreed that if Contestant, after signing this Agreement, enters into another contest prior to the one contracted for herein, without the consent of Promoter, and is defeated, then Promoter shall have the option to rescind and cancel this agreement without liability.

The parties, jointly and severally hereby discharge, release, indemnify and hold harmless the SACB, the SACB's individual members and employees, bout officials and agents, and the State of New Jersey in their individual, personal and representative capacities against any and all claims, suits, actions, debts and judgments, in law or equity, brought against the parties named in this agreement due to this agreement and all other matters relating hereto.

If any portion of this agreement is held to be unenforceable by a court of law or equity, this agreement shall be construed as if such provision did not exist and shall not be held to render any other provisions of the agreement as unenforceable.

This agreement constitutes the entire agreement of the parties and as such is intended as a complete and exclusive statement of the promises, representations, negotiations and other agreements that may have been made in connection with this specific subject matter, provided, however, that if a multi-bout agreement is in force, it will be filed as required by the Muhammad Ali Act and will be incorporated herein to the extent possible.

The Contestant and Manager both agree to enter into this contest in good faith and agree that the contest's outcome shall be determined solely by the honest competition and skills of the contestants. Manager and contestant represent that they know of no physical, legal, medical or mental impediment to contestant's participation or licensure.

Any notices required or desirable to be given to contestant may be given to manager as contestant's agent.

The parties agree that if the SACB Commissioner or his or her representative determines, that the possibility of a breach of this agreement exists, then he or she may order that the compensation under this agreement be paid directly to the SACB until such time as the matter can be fully reviewed.

The signed original Bout Agreement must be supplied to the SACB prior to start of the agreed upon contest.

PROMOTER: _____ DATE: _____

CONTESTANT: _____ DATE: _____

MANAGER : _____ DATE: _____



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TICKET TAX REPORT
NEW JERSEY STATE ATHLETIC CONTROL BOARD

NAME OF PROMOTER

DATE OF CONTEST

CONTEST

SITE

CITY

PERMIT NO.

TV/BROADCAST COVERAGE YES NO

1 Actual Cost of Ticket to Public	2 Number of Tickets Printed	3 Number of Tickets Unsold	4 Number of Tickets Sold	5 Number of Complimentary Tickets Issued	6 Total Number of Tickets Subject to Tax. (Total of columns 4 and 5)	7 Value of Tickets for Tax Purposes (Multiply Column 1 by Column 6)
Total Subject to State Tax:						
TAX SCHEDULE					Taxable Amount	State Tax
3% of First \$25,000					\$	\$
4% of Next \$50,000					\$	\$
5% of Next \$125,000					\$	\$
6% of Amount Over \$200,000					\$	\$
TOTAL:					\$	\$
						(Tax not to exceed \$100,000)

Instructions (Ref. NJSA 5:2A-20.)
Every promoter who shall hold any boxing or sparring exhibition or performance shall within seven days exclusive of Saturdays, Sundays and legal holidays, after the conclusion thereof, pay to the board a tax on the total gross receipts from the sale of tickets and on the face value of all tickets issued as complimentary tickets as follows: 3% of the first \$25,000.00 derived from such tickets, 4% of the next \$50,000.00 derived from such tickets; 5% of the next \$125,000.00 derived from such tickets; and 6% of any amount derived from such tickets exceeding \$200,000.00; except that in no event shall any tax assessed under the provisions of this paragraph exceed \$100,000.00.

Total Gross Receipts from the sale of tickets shall not be subject to any reduction or allowance of any kind whatsoever.

PROMOTER	BOARD
Signature	Signature
Print Name	Print Name
Title	Title
Date	Date

**TV/BROADCAST TAX REPORT
NEW JERSEY STATE ATHLETIC CONTROL BOARD**

Name of Promoter			Date of Contest	
Contest	Site	(City)	Permit No.	
Distributor Name	Address	Type of Media (TV, Movie, Radio, Cable, Etc.)	Contract Amount	
Total Subject to State Tax				

Tax Schedule	Taxable Amount	State Tax
5% of First \$50,000.	\$	\$
3% of Next \$100,000.	\$	\$
2% of Next \$100,000.	\$	\$
1% of Amount Over \$250,000.	\$	\$
Total	\$	\$

(Tax not to exceed \$100,000.)

Instructions (Ref. NJSA 5:2A-20.)
 Every promoter who shall hold any boxing, wrestling or sparring exhibition or performance shall, within seven days, exclusive of Saturdays, Sundays and legal holidays, after the conclusion thereof, pay to the board a tax on any monies received by reason of the lease or sale of television, including cable television and closed circuit television, moving pictures or radio rights in connection with any such exhibition or performance a tax of 5% of the first \$50,000.00 derived from the lease or sale of television, moving pictures or radio rights; 3% of the next \$100,000.00 derived from the lease or sale of such rights; 2% of the next \$100,000.00 derived from the lease or sale of such rights, and 1% of any amount in excess of \$250,000.00 derived from the lease or sale of such rights; except that in no event shall any tax assessed under the provisions of this paragraph exceed \$100,000.00.

Total gross receipts from the lease or sale of television, moving pictures or radio rights shall not be subject to any reduction or allowance of any kind whatsoever.

<u>PROMOTER</u>	
Signature	
Print Name	
Title	
Date	
<u>BOARD</u>	
Signature	
Print Name	
Title	
Date	

BOND

OF

TO

STATE OF NEW JERSEY

APPROVED

Commissioner

Filed _____, 19 _____

Bond under Chapter 83 of the Laws of the State of New Jersey for the Year 1985.

To be filed with the New Jersey State Athletic Control Board.

Know all Men by these Presents,

That we _____
(Insert full names and addresses of principals and add the

_____ words "as principals." Then insert full names, addresses, telephone number of

_____ Regional Office and add the word "as sureties."

_____ are held and firmly bound unto the State of New Jersey in the penal sum of _____ due and lawful money of the United States, to be paid to the State of New Jersey, for which payment well and truly be made, we do bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____ one thousand nine hundred and _____

Whereas, the aforesaid principal is about to file application with the New Jersey State Athletic Control Board for a license to hold or conduct public boxing, wrestling, kick boxing and combative sports exhibitions, events, performances, and contests in the State of New Jersey under the provisions of an act of the Legislature of New Jersey entitled "An Act concerning the reorganization of the State Athletic Commission, the establishment of the State Athletic Control Board, the regulation of boxing, wrestling, kick boxing, and the combative sports, and the revision and exemption of certain taxes on boxing, wrestling, kick boxing and combative sports events, and revising parts of statutory law" (Chapter 83 of the Laws of 1985).

No. _____
City of _____ Street, in the
Township of _____ Borough of _____
State of New Jersey: _____ County of _____

Now the condition of this obligation is that if the aforesaid license be granted, the above bounden _____, principal, during the period for which said license is granted, shall faithfully perform the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," and pay the taxes imposed thereunder, and shall, among other things, within seven days (exclusive of Saturdays, Sundays and legal holidays) after the conclusion of an exhibition, event, performance, or contest held under the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," furnish to the State Athletic Control Board at such place as it may prescribe, a duly verified written report of the exact amount of tickets either sold or issued as complimentary tickets for the exhibition, event, performance or contest, the gross proceeds thereof and such other matters as the State Athletic Control Board may prescribe, and shall also, with the said time, furnish to the State Athletic Control Board at such place as it may prescribe, a duly verified written report of the exact and total amount of gross receipts from any such exhibition or performance, including those derived from the sale or lease of television, moving pictures and radio rights, and the total amount of tax due under the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," and shall also, within the said time, pay to the State Athletic Control Board at such place as it may prescribe: (1) A tax on the total gross receipts from the sale of tickets and on the face value of all tickets issued as complimentary tickets as follows: three percentum (3%) of the first \$25,000.00 derived from those tickets; four percentum (4%) of the next \$50,000.00 derived from those tickets; five percentum (5%) of the next \$125,000.00 derived from those tickets; and six percentum (6%) of any amount derived from those tickets exceeding \$200,000.00 (except that in no event shall any tax assessed on the total gross receipts from the sale of tickets and on the face value of all tickets issued as complimentary tickets exceed \$100,000.00 for each exhibition, event, performance or contest); and, (2) A tax on any moneys received by reason of the lease or sale of television, including cable television and closed circuit television, moving pictures or/ radio rights in connection with any such exhibition or performance as follows: five percentum (5%) of the first \$50,000.00 derived from the lease or sale of television, moving pictures or radio rights; three percentum (3%) of the next \$10,000.00 derived from the lease or sale of those rights; two percentum (2%) of the next \$10,000.00 derived from the lease or sale of those rights; and one percentum (1%) of any amount in excess of \$250,000.00 derived from the lease or sale of those rights (except that in no event shall any tax assessed on moneys received by reason of the lease or sale of television, moving pictures or radio rights exceed \$100,000.00), and if the said principal shall well and faithfully perform the requirements imposed by the Act and pay the taxes imposed under the Act then this obligation to be null and void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation.

Signed, sealed and delivered)
)
in the presence of)

State of _____
County of _____

Be it remembered, that on the _____ day of _____ in the year one thousand nine hundred and _____ before me, the subscriber, _____ personally appeared _____ who, being by me duly sworn, both depose and make proof to my satisfaction that he well knows the corporate seal of the _____ the surety named in the foregoing bond; that the seal thereto affixed is the proper corporate seal of the said company, that the same was so affixed thereto, and the said bond signed and delivered by _____ who was at the date and execution thereof the _____ of said company, in the presence of the said deponent, as the voluntary act and deed of the said company, and that the said deponent thereupon signed the same as subscribing witness.

Sworn and subscribed)
me at _____)
the date aforesaid)



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. Box 180
TRENTON, NJ 08625-0180

JON S. CORZINE
Governor

STUART RABNER
Attorney General

TONY ORLANDO
Chairman

STEVEN KATZ
DENNIS McDONOUGH
Members

LARRY HAZZARD, SR.
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS MATCHMAKERS

FROM: Larry Hazzard, Sr.
Commissioner

SUBJECT: New Jersey Professional Boxing/Kickboxing/Mixed Martial Arts Matchmaker License
Application
RENEWAL: July 1, 2005 - June 30, 2006

**Enclosed are the annual requirements for license as a Professional
Boxing/Kickboxing/Mixed Martial Arts matchmaker in the State of New Jersey.**

You must submit the following to this office:

1. Completed License Application Form;
2. Completed Business History Form;
3. Most Current Tax Returns;
4. Check or money order in the amount of \$100.00 payable to the State Athletic Control Board

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF
YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

LICENSEES ARE REMINDED: You are subject to the requirements of State Athletic Control
Board Rules, provided by Chapter 46 of New Jersey's Administrative Code.

If there are any questions regarding your application, please contact the office at 609.292.0317.

LH/tg
enclosures
rev: 05.2005



****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!!******

**NEW JERSEY STATE ATHLETIC CONTROL BOARD
LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Fax: (609)292-3756

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u> <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	<u>MANAGER</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<u>SECOND</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____ _____
<u>REFEREE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>JUDGE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>PROMOTER</u> <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Mixed Martial Arts \$300	<u>MATCHMAKER</u> <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):
()

TELEPHONE (Business):
()

FAX#
()

E-MAIL ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

☐ MALE ☐ FEMALE

CITIZENSHIP:

PLACE OF BIRTH:

Have you ever been convicted of a crime? If yes, explain: ☐ YES ☐ NO

Are you presently on any suspension list? If yes, explain: ☐ YES ☐ NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? ☐ YES ☐ NO
If yes, explain:

Has any license you've held been revoked? If yes, please explain: ☐ YES ☐ NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: ☐ YES ☐ NO

Do you have any current medical conditions? If yes, please explain: ☐ YES ☐ NO

Do you have a manager? If yes, provide name, address & telephone number: ☐ YES ☐ NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: ☐ YES ☐ NO

Amateur Record: _____ Number of Fights: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain ☐ YES ☐ NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:2A-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____

SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

NEW JERSEY STATE ATHLETIC CONTROL BOARD BUSINESS HISTORY

1. Please provide name, date of birth and social security number:

2. During the last five-year period, have you ever had any license, permit, or certificate issued by a government agency in this State or any other jurisdiction denied, suspended or revoked? _____. If yes, state (i) the name and nature of the license or certificate denied, suspended or revoked (ii) the name and location of the government agency taking such action (iii) the date of each such action and (iv) the reasons for each such action.

3. Has any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law been filed by or against you in the last five-year period? _____. If yes, provide (i) the name and location of the court or agency where such petition was filed, (ii) the type of petition filed (iii) the date of the filing and (iv) the official name of the case.

4. Please list the last three jobs you have held and for each provide the following information: (i) dates of employment (ii) name, address and telephone number of employer (iii) positions and duties (iv) name of supervisor and (v) reason for leaving.

5. Please attach a copy of all Federal and State Tax Returns, with all appropriate schedules, for the last fiscal year.